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ABSTRACT

This document describes the Alzheimer Case Management and In-Home Respite Program begun in 1985 in California. Training provided to nurses and selected homemakers in the program is discussed and sources of referrals are identified. Initial nursing visits which involved physical and behavioral assessment of the patient and discussions with stressed and exhausted caregivers are described. The need for respite for caregivers, the screening of patients for the day care center, the use of the Alzheimer Day Care and Resource Center for respite, and linking caregivers to support groups are described. The program is briefly analyzed and changes implemented during the second year of the program are explained. Fundraising for the second year is also described. Numerous tables are included which summarize referrals and patients open to care, monthly visits and in-home respite, funding secured for the second year of the program, a statement of revenue and expense for the first year, and the second year budget. (NB)

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VESPER HOME CARE

ALZHEIMER CASE MANAGEMENT

AND

IN-HOME RESPITE PROGRAM

SEPTEMBER 1, 1985 - AUGUST 30, 1986

PRESENTED BY: LILIA ROSENHEIMER, P.H.N.

AMERICAN SOCIETY ON AGING

MARCH 13 - 17, 1987

SALT LAKE CITY, UTAH

CG 019757

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ALZHEIMER CASE MANAGEMENT AND IN HOME RESPITE PROGRAM
SEPTEMBER 1985 - AUGUST 1986

The Alzheimer Case Management and In Home Respite program formally started on September 1, 1985. Much of September was spent doing outreach to notify both the general public and the medical community of the existence of the program. Articles about the new program appeared in the Daily Review, the Argus and the Oakland Tribune in September. Letters were sent to all home health agencies and discharge planners of hospitals in our geographical area. The program was announced at the Alzheimer and Related Disorder Chapter meetings in Berkeley, Hayward and Fremont. Doctors were notified individually about the program, as we called them to ask for permission to see the patient and verify the diagnosis of dementia of the Alzheimer's type or some other dementia.

Outreach has continued, but at a lower level. The agency Director has spoken to a variety of groups in the county. Also, there is an active association with the Southern Alameda County Committee on Aging (S.A.C.C.A.). This group was designated by the State of California Department on Aging as one of the eight groups in the state to operate an Alzheimer Day Care and Resource Center as a State demonstration project. Vesper Home Care was designated to do part of the screening for the Day Care Center.

Training:

All nurses and selected homemakers received special training. Nine and a half hours were spent in training during August, September and October. Topics covered were Alzheimer's Disease and other dementias -- the history, signs and symptoms and stages of the disease; commonly encountered problems and how to deal with them e.g., depression, denial, nocturnal wandering or sundowner's syndrome, communication, family conflict, catastrophic reactions, seizures and self-care for the caregiver. The staff attended lectures, saw a video and were each given a package of reading material. Vesper also purchased some books, including the "Thirty-six Hour Day". Several staff members (nurses, scheduler for the homemaker program and homemakers) attended an all-day seminar presented in Oakland on November 23, 1985 by the East Bay Chapter of the Alzheimer Disease and Related Disorders Association and Eden Hospital. The staff was provided with a special resource list for Alzheimer patients in Alameda County.

The goal of the training was to familiarize staff with the signs and symptoms of this disease and other dementias.

The classes covered common problems and how caregivers and families can resolve and deal with them.

Referrals:

Referrals have come from a variety of sources: The Alzheimer support groups in Berkeley, Hayward and Fremont; the S.A.C.C.A. Alzheimer Day Care and Resource Center, from family members, nurses, physicians, the Alameda County Department on Aging, the Friendly Volunteers and other community groups. Many of the caregivers were very stressed; they cried on the telephone and the calls were very lengthy. They had been coping alone for so long, and needed time to ventilate their problems.

Nursing Visits:

The first nursing visit proved to be very lengthy. Doing a physical and behavioral assessment on the patient took the least amount of time. The visits took a long time, because for many of the caregivers this was one of their first chances to verbalize their problems, frustrations, anger and general exhaustion. Physical problems encountered by patients included insomnia, anorexia, depression, incontinence of bowel and bladder, bowel problems such as constipation and diarrhea, and behavioral problems. The nurses are all experienced case managers in home care and dealt with these problems with standard teaching. Fewer patients than expected needed advice with medication, e.g. titration of drugs for agitation.

The caregiver's main problem was exhaustion. The nursing staff followed the protocols from the training program to emphasize to caregivers the importance of respite for themselves. Caregivers were strongly encouraged to join an Alzheimer support group. The nurses evaluated the patient to see if they were appropriate for day care. Patients who had a mild case of Alzheimer's disease were referred to a social day care center in their area of the county. Moderate or severe Alzheimer patients were referred to the Alzheimer Day Care Center operated by S.A.C.C.A. at the Fairmont Hospital, which opened November 4, 1985. Patients who were inappropriate for day care, e.g. end-stage or bedbound patients or where there were transportation problems would be provided homemakers if their caregiver had little or no respite from their 24-hour care. Patients with indwelling Foley Catheters were opened to Medicare covered Home Care and provided with a monthly nurse visit and a home health aide. We did this rather than open patients to the Alzheimer program in order to preserve the Alzheimer monies for patients ineligible for any other form of reimbursement.

Nursing visits were scheduled on a regular basis; more frequent visits for patients with physical or medical problems or for a highly stressed caregiver. Once the stress level was decreased by verbal ventilation the caregivers were able to follow through with some of the suggestions for respite. Many caregivers have strong guilt feelings and even though overwhelmed, find it difficult to place their patient in day care, even though this is the most cost effective and available form of respite.

Table I and II summarize the statistics. Many patients were screened forthe Day Care Center.

Once the situation stabilized and if there were no medical problems, respite was established in day care and the caregiver was linked with a support group, the nurses closed. Caregivers were told that if there were a physical, medical or crisis situation, to feel free to call us again. Some patients were closed because they were placed in a skilled nursing facility or they died.

We found that once patients were admitted to the Alzheimer Day Care and Resource Center and were in regular contact with their staff that their need for a regular case manager disappeared. The caregivers were able to resolve their problems with their patient on an informal basis as the problems arose.

VESPER ALZHEIMER PROGRAM
SEPTEMBER 1, 1985 - AUGUST 31, 1986

	Ending Dec. 31	Ending April 30	Ending Aug. 31
Total Referrals	60	92	129
Total Not Opened to Care	7	19	19
Total Opened to Care	53	73	110
Total Screened for Alzheimer Day Care Center	35	44	55
Total Patients with Homemakers	13	14	13
Total Being Case Managed	41	45	34

TABLE I: SUMMARY OF REFERRALS, PATIENTS OPEN TO CARE

	Total Pts. Open to Care	MSW Visits	Nurse Visits	Homemaker In Home Respite Hours
September	9	0	9	38.5
October	24	0	26	123.25
November	33	0	34	176.5
December	42	0	40	209.25
January	34	0	41	320.0
February	39	2	31	315.0
March	43	0	33	281.5
April	45	1	30	285.25
May	30	1	35	229.5
June	26	5	30	186.5
July	30	8	30	237.5
August	34	3	27	228.0

TABLE II: SUMMARY OF MONTHLY VISITS AND IN HOME RESPITE

The staff felt that we would be able to serve more families by only keeping patients open who had more severe problems.

Some patients were not opened. The family did not follow through in keeping an appointment, the MD did not give permission, they lived far away and decided that bringing a patient to the Day Care Center was impractical. Other patients were placed in a facility. One patient who was referred died before he could be seen.

Analysis of the Program:

There is a great need for information, for ventilation and for respite. There is a waiting list for the in home respite part of the program. The case managers were used to acutely ill patients from their home care experience and had some difficulty dealing with patients with few physical problems; but where there were more social, emotional and financial problems. They felt these problems should be dealt with by a social worker. Initially we were bombarded by telephone calls and referrals and the office and nursing staff were somewhat overwhelmed by the demand.

As the year went on the staff did adjust and were able to handle the patients and their families with more ease. The phone calls at the more frantic level decreased, perhaps as a result of the program in defusing problems. Perhaps more Alzheimer families are also being referred to the Alzheimer Disease and Related Disorders Association where they are receiving advice earlier.

We have become known in the community as a resource for information in addition to the actual services provided. Much time is spent on the telephone giving information and advice to family members, often children of an Alzheimer patient. These calls are lengthy but do not show up in our statistics. I would suggest that in the second year of the program we record these informational calls as part of our service. We have received calls from out of state - Hawaii, Indiana and Georgia recently.

Second Year of the Program:

The second year of the program began September 1, 1986. We have implemented the following changes.: Nurses continue to do the initial assessment. If there are physical or medical problems then the nurse will be the case manager. If the problems are largely emotional or psychosocial then a medical social worker is to be the case manager. The medical social worker will also have up to three hours a week in which to make phone calls to families in between visits. Telephone calls for information only will also be recorded.

Fundraising for the Second Year of the Program:

Only two of the grants received had time limits on their use - the Koret Foundation and the Evelyn and Walter Haas Foundation. Any unused monies at the end of year one can be rolled over into year two. The Vesper Auxiliary has given just over $10,000, which is being designated for year two.

In May the City of Fremont granted us $2,652 to provide six hours of homemaker care a week for an Alzheimer patient resident in the City of Fremont.

In September the Henry W. Bull Foundation awarded Vesper Home Care $1,000 for the Alzheimer Program.

A proposal is pending at the Evelyn and Walter Haas Foundation.

We are maintaining the program at the current level of spending and are meanwhile continuing to write proposals to other foundations. Some monies have been obtained by donation to the program and also interest accrued on the bank balance. We are also trying to raise money by a special event.

FUNDING SECURED FOR YEAR II

Vesper Auxiliary	$10,019.61
City of Fremont	2,652.00
Henry Bull Foundation	1,000.00
Donations	1,915.39
Total Secured	15,587.00
Unspent Funds Year I	14,104.00
Total Available Year II	29,691.00

Total Funds Still Needed for Year II	20,856.00
1986-1987 Interest	1,500.00
1986-1987 Donations from Clients	1,500.00
	17,856.00

VESPER ALZHEIMER PROGRAM
STATEMENT OF REVENUE AND EXPENSE
SEPTEMBER 1, 1985 - AUGUST 31, 1986

REVENUE		
Alzheimer Contribution	40,266	(1)
Interest	4,522	
City of Fremont	304	
Total Revenue	45,092	
EXPENSES		
Salaries		
RN	8,373	
Clerical	306	
Total Salaries	8,679	
Benefits	2,680	
OTHER EXPENSES		
MSW	537	
Interdept (homemaker)	17,659	(2)
Supplies	353	
Printing	72	
Purchased Services	240	
Travel	607	
Training Outside	25	
Other Expenses	135	
Total	19,628	
Total Expenses	30,988	
Excess of Revenue Over Expenses	14,104	
IN-KIND VESPER EXPENSES		
Management	7,000	
Rent and Utilities	1,050	
Telephone	350	
Total In-Kind Expenses	8,400	
Actual Total Cost	39,388	

(1) Includes grants and donations
(2) Homemaker includes Scheduler and Field Supervisor

Certified by:

Douglas A. Scott
Douglas A. Scott
Director of Finance and Administration

Date: October 13, 1986

James G. Bryant, M.D. 10-13-86
James G. Bryant, M.D.
Secretary - Board of Directors

VESPER ALZHEIMER PROGRAM
SECOND YEAR BUDGET
SEPTEMBER 1, 1986 - AUGUST 31, 1987

REVENUE	YEARLY BUDGET
Monies still Needed	17,856
Unspent funds Year I	14,104
Grants and Donations Secured	15,587
Donations 1986-1987	1,500
Interest 1986-1987	1,500
TOTAL REVENUE	50,457

EXPENSES	
RN (20 visits/month)	5,400
Clerical	3,536
TOTAL SALARIES	8,936
BENEFITS	2,213
Homemakers 240 hr/month	25,920
MSW 25 visits/month	9,300
MSW 12 office hrs/month	1,548
Supplies	600
Printing/postage	500
Purchased services	420
Travel	720
Other Expenses	300
TOTAL EXPENSES	50,457

IN-KIND - VESPER	
Management	7,000
Rent and Utilities	1,800
Telephone	600
IN-KIND TOTAL	9,400

ACTUAL TOTAL COST OF PROGRAM	59,857